

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILING DATE				
								10/547532					
								APPLICANT'S					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/	51						
2	/	/	/	/	/	/	52						
3		/		/		/	53						
4	/	/	/	/	/	/	54						
5		/		/		/	55						
6	/	/	/	/	/	/	56						
7	/	/	/	/	/	/	57						
8	/	/	/	/	/	/	58						
9	/	/	/	/	/	/	59						
10	/	/	/	/	/	/	60						
11		3		/		/	61						
12	/	/	/	/	/	/	62						
13	/	/	/	/	/	/	63						
14	/	/	/	/	/	/	64						
15	/	/	/	/	/	/	65						
16	/	/	/	/	/	/	66						
17	/	/	/	/	/	/	67						
18	/	/	/	/	/	/	68						
19	/	/	/	/	/	/	69						
20	/	/	/	/	/	/	70						
21	/	/	/	/	/	/	71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	18		18				TOTAL IND.						
TOTAL DEP.	5	←	5	←		←	TOTAL DEP.						
TOTAL CLAIMS	23		23				TOTAL CLAIMS						